TWELVE STEPS FOR AGENCIES/PROGRAMS
DEVELOPING CO-OCCURRING DISORDER CAPABLITY

These steps are based on the Principles of and the Twelve Step Program of CCISC Implementation, and can be initiated by any agency (for all of its programs)- or by an individual program- within the scope of the agency/program mission and resources

1. **FORMAL ANNOUNCEMENT AND COMMITMENT: The leadership makes a formal commitment to achieve co-occurring disorder capability for all programs, announces it officially to all staff, and communicates to all staff about the CCISC implementation process**
2. **CONTINUOUS QUALITY IMPROVEMENT TEAM: The leadership organizes a CQI team that is intended to represent all the different levels of the agency or program in a partnership, and engage in regular meetings to oversee the change process.**
3. **CHANGE AGENTS. The organization identifies a team of change agents that represent the front line voice of clinicians (and, where appropriate, consumers and families) in each program. The change agents become represented on the CQI team and help clinicians to achieve competency in the practice priorities listed below.**
4. **GOAL OF COD COMPETENCY FOR ALL STAFF. The agency or program includes in its formal commitment the goal that all clinical staff will develop co-occurring disorder competency, at their level of training and/or licensure (if any).**
5. **PROGRAM SELF ASSESSMENT: Each program uses a structured tool (e.g., COMPASS) to conduct a program baseline conversation and self assessment of co-occurring disorder capability involving as many staff as possible..**
6. **PROGRAM CQI ACTION PLAN: Based on the results of the COMPASS survey, each program creates an achievable 3-6 month action plan to make progress toward cod capability, with measurable objectives. Areas in which initial action plan objectives are developed are listed in the following.**
7. **WELCOMING AND ACCESS: The program action plan addresses co-occurring disorder welcoming policies, procedures, clinical practice and staff competencies, and identifies any access barriers that need to be removed.**
8. **SCREENING: The program creates a definition and process to implement universal integrated screening.**
9. **IDENTIFICATION AND COUNTING: The program measures baseline data on how many co-occurring clients and families it serves, and develops a CQI plan to improve recognition of the population.**
10. **EMPATHIC, HOPEFUL, INTEGRATED, STRENGTH BASED ASSESSMENT: The program CQI plan helps all clinicians to demonstrate integrated empathy and hope, and provides support for documentation of hopeful goals and periods of strength, including assessment of mental health baseline during previous periods of abstinence.**
11. **STAGE-MATCHED INTERVENTIONS: The program plan works on identification and documentation of stages of change – and stage matched goals - for each problem.**
12. **INTEGRATED STAGE MATCHED RECOVERY PLANNING AND PROGRAMMING: The program works on policies, procedures, and processes for improving integration and stage matching in recovery plans, and in improving the use of cod skill manuals, stage-matched groups, and positive rewards as part of routine recovery planning and interventions.**